

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission .....	25/08/2022 15:38 (SGT)
Reported by .....	Both
Date of Accident .....	24/08/2022 08:05 (SGT)
Exact Location of Accident .....	Braddell Rd, Singapore
Additional Location Information .....	BISHAN FLYOVER
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SCH3113K
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHIA SHAN YUAN
NRIC No .....	S1510675A
Email Address .....	bc8054@gmail.com
Mobile Phone No .....	(Phone) +65-90099998
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	E200
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2000

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number .....	5126205655

### DRIVER

Name of Driver .....	CHIA SHAN YUAN
NRIC No .....	S1510675A
Date Of Birth .....	30/03/1961
Occupation .....	Indoor

Date Of Driving Pass .....	13/10/1982
Driving experience .....	39 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90099998
Alt. Phone Number .....	-
Email Address .....	bc8054@gmail.com
Address .....	41 CHUAN VIEW
Address complement .....	-
Postcode .....	554767
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED SKETCH PLANS.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBP8670E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	Black
Vehicle Category .....	Motorcycle
Name of Driver .....	RAFIQUE ISLAM BIN SAHARI
NRIC No .....	S9505984H
Contact Number .....	(Phone) +65-96550198
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

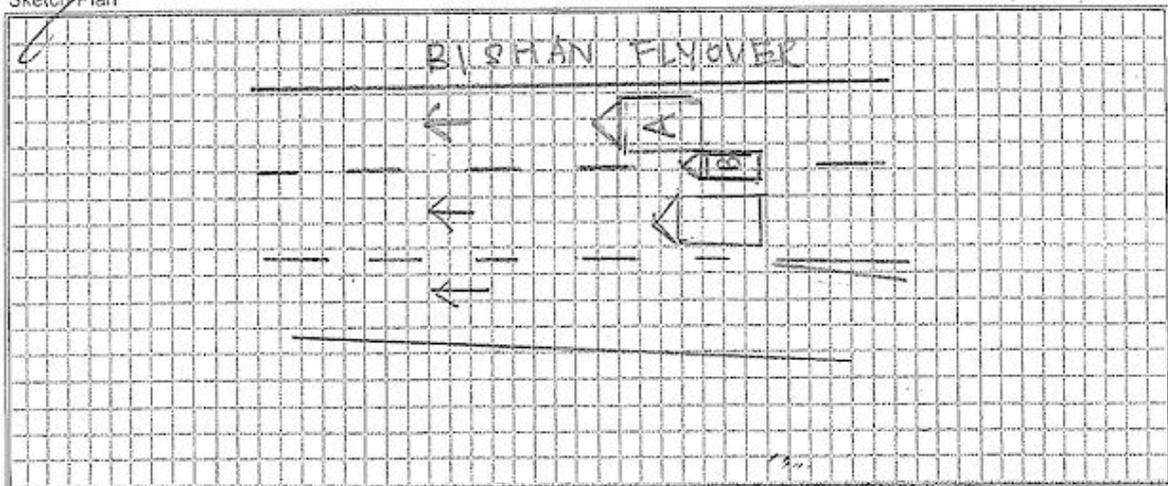
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 \_\_\_\_\_  
 Policyholder's Signature / Date & Time

\_\_\_\_\_  
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

  
 \_\_\_\_\_  
 Witnessed by Recording Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

1

Describe Circumstances of the Accident

Handwritten text in the accident description box: "Please refer to police report attached."

- Claim OD
- Claim Third Party
- Claim OD <sup>(P)</sup> at other workshop
- Reporting Only

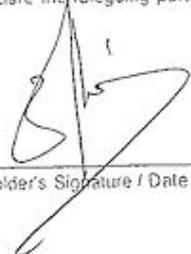
Please forward a copy of my efile accident report to:

My workshop : THIAM HENG HUAT PTE LTD  
Email address : thiamhenghuat@gmail.com  
Myself email : bc8054@gmail.com

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

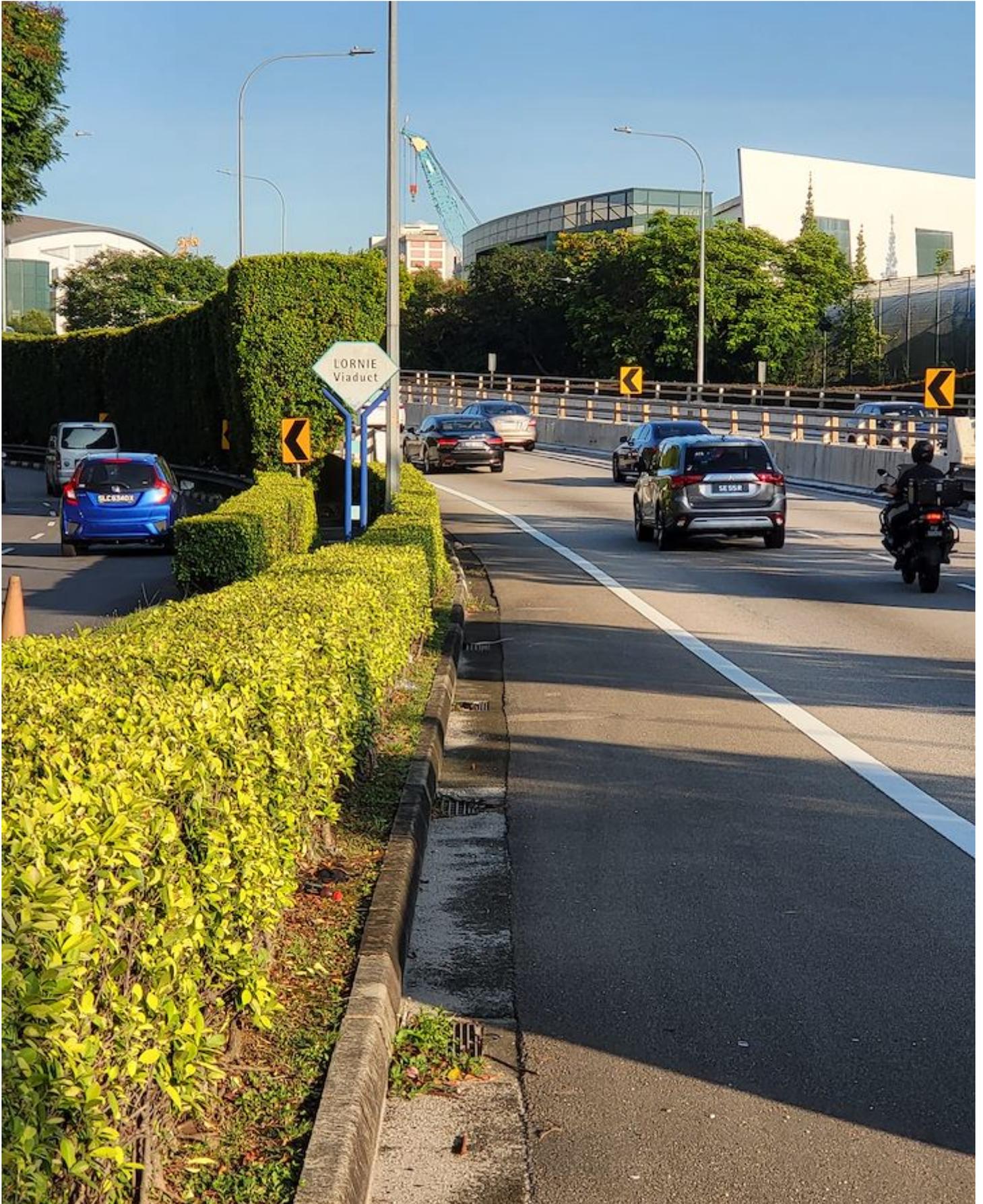
I/We declare the foregoing particulars are true in every respect.

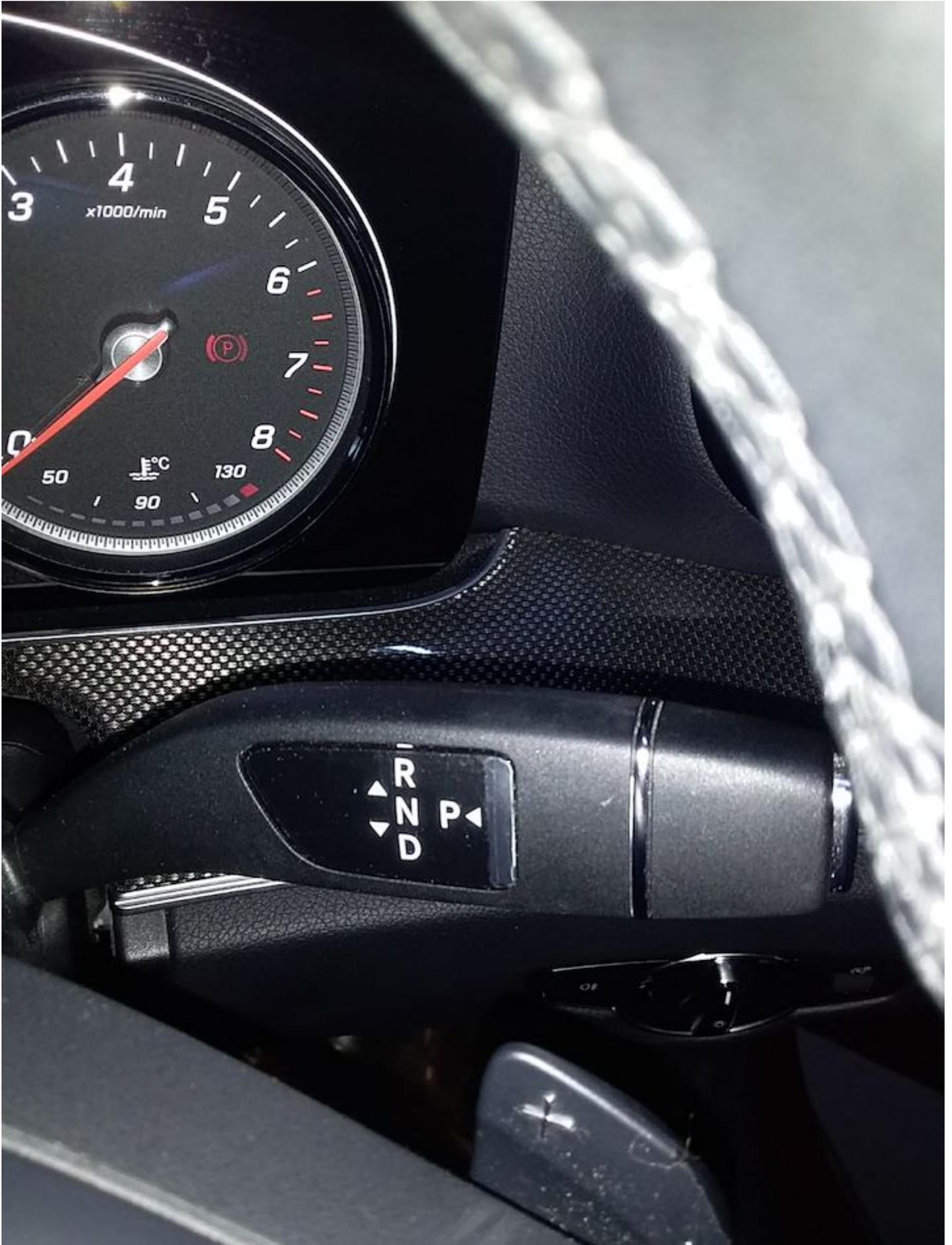
  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel



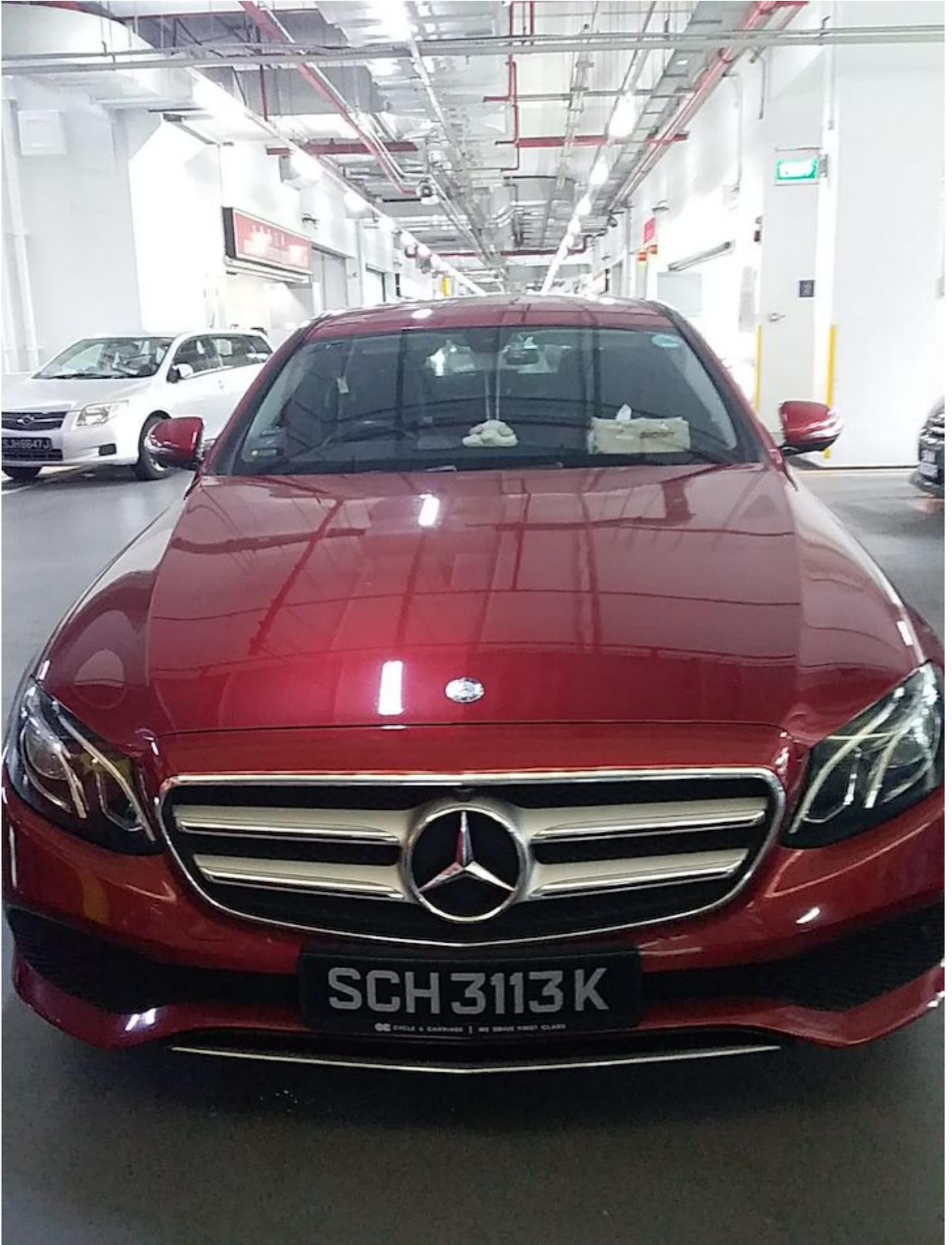




















































**SINGAPORE  
POLICE FORCE**



T/20220824/7044

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220824/7044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/08/2022 15:56		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHIA SHAN YUAN			Address: 41 CHUAN VIEW SINGAPORE 554767		
ID Type / ID No.: NRIC NO / S1510675A			Contact No.: Home/Office:                      Mobile: 90099998		
Nationality: SINGAPORE CITIZEN			Email: BC8054@GMAIL.COM		
Sex: Male	Age: 61	Date of Birth: 30/03/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 24/08/2022 08:05	Type of Location: Straight Road
Location:  BRADDELL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBP8670E	Motorcycle			Black	Slightly Damaged	1
SCH3113K	Car	MERCEDES BENZ	E200+AVG+ %28R18+LE D%29	Red		0



**SINGAPORE  
POLICE FORCE**



T/20220824/7044

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20220824/7044

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCH3113K	NTUC Income Insurance Co-Operative Limited	5126205655	10/03/2022	03/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Cyclist				
Name	RAFIQUE ISLAM BIN SAHARI		ID No.	S9505984H
Related Vehicle	FBP8670E (Motorcycle)		Contact No.	96550198
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight
Driver				
Name	CHIA SHAN YUAN		ID No.	S1510675A
Related Vehicle	SCH3113K (Car)		Contact No.	90099998
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

As usual, every morning, I travel along Braddell Road towards Lornie Viaduct on my way to work 3 times a week. This morning at about 8.05am, while I was driving along the right lane, the car in front of me suddenly jammed brake and I have to apply mine as well. Before I realised, a motor cycle with number plate FBP8670E suddenly drove past my car on the left and scratched and dented my car and fell between another car and mine.

A kind motor cyclist with vehicle no FBA8629E from behind stopped to help to push the motor cycle to the road shoulder while I helped the motorist to the road shoulder as well. I also quickly moved my vehicle to the road shoulder to clear the road for the other vehicles to pass through.

The vehicle in front of me that jammed brake drove off and did not stop to help. Anyway I did not hit his car.



**SINGAPORE  
POLICE FORCE**



T/20220824/7044

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220824/7044

**CONTINUATION OF REPORT**

The motor cyclist name is Mr Rafique Islam Bin Sahari holding NTUC No S9505984H. I also allowed him to take a picture of my Driving Licence. His contact no is 96550198.

The one that helped to push the motor cycle to the road shoulder is Mr Fai and his contact no is 98005369.

I asked Rafi if he is injured he told me he is okay, can walk but had bruises on his hand with blood. I encouraged him to consult a doctor for treatment and make a police report since he is injured. His motor cycle is still in drivable condition.

We exchanged mobile numbers and left the scene.

I have taken pictures of dents and scratches on my car and his motor cycle.



**SINGAPORE  
POLICE FORCE**



T/20220824/7044

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Report No. T/20220824/7044

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/08/2022 15:56

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

Classification Of Case:

NP168